

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of _____ in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. 462

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Jesus Maria Ponsi { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Jan. 20, 1926
Month Day Year

8.

FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

14.

MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 10 P. m. on the date above stated

Signature

Byrne M. Brown M.D.

Physician

(Physician or midwife.)

Address

Miami, Arizona

Filed

Jan 24, 26

P. E. Davis

Registrar

Registrar

179-120-671